

Complete Summary

GUIDELINE TITLE

Guidelines for the administration of medication in school.

BIBLIOGRAPHIC SOURCE(S)

Guidelines for the administration of medication in school. Committee on School Health. Pediatrics 2003 Sep;112(3 Pt 1):697-9. [13 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

Diverse health circumstances requiring administration of medicine at school

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Family Practice
Pediatrics

INTENDED USERS

Allied Health Personnel
Health Care Providers
Nurses
Physicians

GUIDELINE OBJECTIVE(S)

To appropriately guide prescribing physicians as well as school administrators and health staff on the administration of medications to children at school

TARGET POPULATION

Medication-dependent school children

INTERVENTIONS AND PRACTICES CONSIDERED

1. Administering the following medications in school:
 - Over-the-counter products
 - Certain prescribed medications
 - Herbal medications
 - Experimental drugs that are administered as part of a clinical trial
 - Emergency medications
2. Establishing school policies for the administration of medication in the school setting
3. Training and education of faculty and parents to ensure student safety

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The American Academy of Pediatrics recommends that school districts consider the following medication issues when writing policy:

1. Parent-recommended short-term medications
2. Emergency and urgent medications
3. Security and storage of medication
4. Principles of student safety

Refer to the original guideline document for details.

Guidelines for Pediatricians

1. Pediatricians, other child health professionals, and their state-level professional organizations should work with state departments of health and/or education and with local schools and districts to support the development of sound medication policies (American Academy of Pediatrics, 1997)
2. Physicians should be aware that prescribing drugs on an "as-needed" basis can be problematic in schools where no health professional is available at the school site to assess the actual need. Any medication that can be given on a regular basis rather than "as needed" should be prescribed as such to avoid giving school staff members and the student responsibility to determine the need.
3. The prescribing pediatrician or other health professional should notify the school (usually on school medication forms) of adverse effects that may be reasonably expected and contraindications to administering the medication.
4. School districts and their personnel are not obliged to administer experimental medications and medication doses that exceed dosages approved by the United States Food and Drug Administration. Prescribing physicians should inform schools of the nature of each drug that is administered in school as well as adverse effects that may be expected for each drug that may be part of a blinded experimental trial. The prescribing physician should provide this in a written format for the school, and the packaging at school should include the experimental code.
5. The physician should state whether a student is qualified and able to self-administer a medication, and this input, along with the consent of the parent, student, and school staff, should be used to determine whether this is advisable.

Guidelines for Administrators and Health Personnel in Schools and School Districts

1. To administer any prescribed medication, require a written statement from the parent and the physician that provides the name of the drug, the dose, approximate time it is to be taken, and the diagnosis or reason the medication is needed. Administration of medications purchased outside the United States is not exempt from requiring the written prescription of a US-licensed physician.
2. School policies and practices for medication administration must ensure that student confidentiality is protected, as outlined in the Family Education Rights and Privacy Act (Family Educational Rights and Privacy Act; National Association of School Nurses, 2000; National Task Force on Confidential Student Health Information, 2000) and the Health Insurance Portability and Accountability Act (Health Insurance Portability and Accountability Act, 1996).
3. In the absence of trained medical staff, the school principal or a designee should administer medication to students. It is imperative that any person administering medication be educated about the method of administration and contraindications to giving the medication. Specify how the medication will be administered to students when they participate in field trips, school camps, and other out-of-school activities.

4. Older and responsible students should be allowed to self-medicate at school with over-the-counter medications and certain prescription medications (e.g., albuterol for asthma, insulin for diabetes) when this is recommended by the parent and physician and the student is deemed responsible to remember prescribed doses. Obtain written notification from parents acknowledging that the school bears no responsibility for ensuring the medication is taken. Immediately confiscate medication shared with classmates and remove the student's privilege of self-administration.
5. Herbal medications can have serious and dangerous adverse effects. These and over-the-counter medications, when taken on a regular basis, should require a physician's note that in essence "prescribes" these nonprescription medications. The school should have physician-approved protocols (indications, dose, and contraindications) for using over-the-counter medications, should never use a drug for children at ages below which the drug is not approved (unless it is prescribed), and should reserve the right to limit the duration that over-the-counter medications are administered solely on the basis of parent recommendation.
6. Notify parents that it is the parents' responsibility to supply the school with prescribed medications, provide labeled containers, keep medications current, supply medical devices (e.g., nebulizers, insulin pumps, oxygen), and help to maintain these devices.
7. Protocols for the documentation of all therapies given at school, whether emergency or routine, should be established. Some schools use a log, and others use a computer-based student medical record system. Any errors in medication administration at school need to be reported to at least 1 common supervisor so that patterns of errors and corrective action can be taken. Measures taken by school administrators after a medication error must be designed so that they do not discourage staff self-reporting of errors (Schwab, Panettieri, & Bergren, 1998).

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate administration of medications to children at schools

- Benefits of parent-recommended short-term medications such as pain relievers, anti-inflammatory medications, and antihistamines include symptomatic improvement for the student that enables learning and causes less classroom disruption.

POTENTIAL HARMS

Disadvantages of parent-recommended short-term medications include difficulty in obtaining physician permission for limited use, liability of the school district in assisting with the administration of an unprescribed medication that has potential to cause harm, and issues of school safety and security of drug use (e.g., sharing of medication between classmates).

QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Patient-centeredness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Sep

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on School Health

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on February 19, 2004. The information was verified by the guideline developer on March 29, 2004.

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